

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>EB</i>	<i>22002300</i>	
O.I.P.E. CLASSIFIER		<i>70019</i>	<i>3/27/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 " Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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